



## Disclosure Statement Personal Accelerated Death Benefit

**Any Personal Accelerated Death Benefit paid to you may be taxable. If so, you may incur a tax obligation. You should seek assistance from a qualified tax advisor prior to your receipt of this benefit.**

**Receipt of any Personal Accelerated Death Benefit may affect your eligibility for public assistance programs such as medical assistance (Medicaid), aid to families with dependent children, and supplemental security income. Prior to your receipt of any Personal Accelerated Death Benefit you should consult with the appropriate social services agency concerning how receipt of this benefit will affect your and/or your family's eligibility for these programs.**

### EFFECT OF PAYMENT OF PERSONAL ACCELERATED DEATH BENEFIT ON YOUR REMAINING PERSONAL LIFE INSURANCE AND SUPPLEMENTAL LIFE INSURANCE BENEFITS

\$ \_\_\_\_\_ Your (combined amount of personal life insurance and supplemental life insurance) benefit prior to payment of your Personal Accelerated Death Benefit

\$ \_\_\_\_\_ Your Personal Accelerated Death Benefit

\$ \_\_\_\_\_ Your (combined amount of personal life insurance and supplemental life insurance) benefit remaining after payment of your Personal Accelerated Death Benefit

This Personal Accelerated Death Benefit is not a long-term care policy or a nursing home insurance policy. The amount this benefit pays you may not be enough to cover your medical, nursing home, or other bills. You may use your Personal Accelerated Death Benefit for any purpose.

I (Name) \_\_\_\_\_ acknowledge that I have made application for this benefit of my own free will, and without coercion of a third party.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I (Name) \_\_\_\_\_ consent to payment of the personal accelerated death benefit shown above.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false or misleading information may be subject to criminal penalties.

**Return this completed form along with the completed Personal Accelerated Benefit Forms to:**

Army NAF Employee Benefits Office  
ATTN: Ms. Wigen  
P.O. Box 100057  
Arlington, VA 22210-3057

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company or UNICARE Health Insurance Company of the Midwest. ®Registered Mark and SM Service Mark of WellPoint Health Networks Inc.